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PTO/SB/21 (08-00)  
Approved for use through 10/31/2002. OMB 0651-0031  
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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/676,464
Filing Date	09/30/2003
First Named Inventor	D. S. Modha et al.
Group Art Unit	2185
Examiner Name	Hong Chong Kim
Attorney Docket Number	ARC920030011US1

Total Number of Pages in This Submission **23**

## ENCLOSURES (check all that apply)

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form<br><input type="checkbox"/> Fee Attached<br><input checked="" type="checkbox"/> Amendment / Reply <b>Response to Office Action of 01/18/2006</b><br><input type="checkbox"/> After Final<br><input type="checkbox"/> Affidavits/declaration(s)<br><input type="checkbox"/> Extension of Time Request<br><input type="checkbox"/> Express Abandonment Request<br><input checked="" type="checkbox"/> Information Disclosure Statement <b>Supplemental</b><br><input type="checkbox"/> Certified Copy of Priority Document(s)<br><input type="checkbox"/> Response to Missing Parts/ Incomplete Application<br><input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Assignment Papers (for an Application)<br><input type="checkbox"/> Drawing(s)<br><input type="checkbox"/> Licensing-related Papers<br><input type="checkbox"/> Petition<br><input type="checkbox"/> Petition to Convert to a Provisional Application<br><input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address<br><input type="checkbox"/> Terminal Disclaimer<br><input type="checkbox"/> Request for Refund<br><input type="checkbox"/> CD, Number of CD(s) _____ | <input type="checkbox"/> After Allowance Communication to Group<br><input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences<br><input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)<br><input type="checkbox"/> Proprietary Information<br><input type="checkbox"/> Status Letter<br><input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):<br>Authorization to Act in a Representative Capacity<br>Copy of foreign patent document and translated abstract |
|--|---|---|

Remarks

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm  
or  
Individual name

Edmund H. Mizumoto

Reg. No. 46,938

Signature

Date

03/20/2006

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: MAIL STOP AMENDMENT, Commissioner for Patents, PO Box 1450 Alexandria, VA 22313-1450 on this date: **March 20, 2006**

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Cheryl G. Ruby

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Date

03/20/2006

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Effective on 12/08/2004.  
As pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)  
180.00

### Complete if Known

Application Number	10/676,464
Filing Date	09/30/03
First Named Inventor	D. S. Modha et al.
Examiner Name	Hong Chong Kim
Art Unit	2185
Attorney Docket No.	ARC920030011US1

### METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☒ Deposit Account Deposit Account Number: 09-0441 Deposit Account Name: International Business Machines

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
Multiple Dependent Claims Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_

- 20 or HP = \_\_\_\_\_ x 50.00 = \_\_\_\_\_  
HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: \_\_\_\_\_ Extra Claims: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
- 3 or HP = \_\_\_\_\_ x 200.00 = \_\_\_\_\_  
HP = highest number of independent claims paid for, if greater than 3.

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets: \_\_\_\_\_ Extra Sheets: \_\_\_\_\_ Number of each additional 50 or fraction thereof: \_\_\_\_\_ Fee (\$): \_\_\_\_\_ Fee Paid (\$): \_\_\_\_\_  
- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount) \_\_\_\_\_ Fees Paid (\$): \_\_\_\_\_  
Other (e.g., late filing surcharge): Supplemental Information Disclosure Statement & 1449 \$ 180.00

### SUBMITTED BY

Signature	Edmund H. Mizumoto	Registration No. (Attorney/Agent)	46,938	Telephone	408-927-3380
Name (Print/Type)	<u>Edmund H. Mizumoto</u>			Date	3/20/06

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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ATTORNEY DOCKET NO. ARC920030011US1

**PATENT**

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Pre application of : March 20, 2006  
D. S. Modha et al. : Group Art Unit: 2185  
Serial No.: 10/676,464 : Examiner: Hong Chong Kim  
Filed: September 30, 2003 : San Jose, California

Title: STORAGE SYSTEM AND METHOD FOR DYNAMICALLY ALLOCATING  
CACHE SPACE AMONG DIFFERENT WORKLOAD CLASSES

**AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore the practitioner is authorized to file correspondence in the above identified application pursuant to 37 CFR 1.34:

Name  
Edmund H. Mizumoto

Registration Number  
46,938

Signature of Practitioner of Record

Signature: Marc D. McSwain

Date: 20 MAR 2006

Name: Marc D. McSwain

Registration No. 44,929

Telephone: 408-927-3364

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Signed: Cheryl Ruby  
Cheryl Ruby